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CONFIRMATION NO. 1570

Bib Data Sheet

SERIAL NUMBER 10/636,126	FILING DATE 08/07/2003 RULE	CLASS 280	GROUP ART UNIT 3618	ATTORNEY DOCKET NO. 7266
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\* 12/05

\*\* FOREIGN APPLICATIONS \*\*\*\* 12/05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/03/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> May enter Allowance Examiner's Signature Initials	TAIWAN	DRAWING 4	4	2

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## TITLE

Collapsing device for carrier

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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